
**CURB
Meeting Minutes
March 14, 2012**

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PRESENT

Board: Patricia Berry, MPH, Delores Burroughs-Biron, MD, David Butsch, MD, William Minsinger, MD, Paul Penar, MD, Richard Wasserman, MD

DVHA Staff: Michael Farber, MD (Medical Director, moderator), Bill Clark, Daljit Clark, Jennifer Herwood, Kristin Allard

Hewlett Packard (HP) Staff: Barbara Beaty

Vermont Medical Society (VMS): Madeleine Mongan

Absent: Michel Benoit, MD, Adam Kunin, MD, John Mathew, MD, Norman Ward, MD

HANDOUTS

- Agenda
- Draft minutes from 1/18/12
- Requesting MDs Report – Vermont Medicaid Program: Gold Card Analysis
- CPT Detail Report: Vermont Medicaid 2011 Prior Auth Data
- CPT without Detail

CONVENE: Dr. Farber convened the meeting at 6:30 pm.

1.0 Introductions

2.0 Review of Minutes - Dr. Michael Farber

The January 18, 2012 minutes were reviewed and accepted by the CURB members.

3.0 Announcements

Forward movement continues with the Out-of-State Outpatient office visit prior authorization review process.

4.0 Radiology Procedures and Utilization Controls – Bill Clark

Imaging Utilization Management Program

- Overview

Program Origin and Purpose

- Enacted through Act 156 (2011)
- DVHA authorization to implement an advanced imaging utilization management program
- Specific reporting requirements identified

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Program Overview

- Process is contracted through MedSolutions
- Providers must receive PA for certain , advanced imaging procedures
- Procedures in place for urgent situations
- Providers access system via web, fax or phone
- MedSolutions has very quick turn-around times for responses

Performance to-date

- Savings calculations are nearly complete for first year
- Response times for PAs are fast
- Denial rates are lower than MedSolutions expected

CURB Involvement

- DVHA seeking help regarding:
 - The issuance of “Gold Cards”
 - Review of potential CPT codes for elimination from PA process

“Gold Cards”

- Remove the need for some providers to submit clinical data with result of immediate approval of all imaging requests.
- DVHA loses ability to monitor whether imaging requests are clinically appropriate from Gold Card providers
- MedSolutions advises against the use of Gold Cards
- Must consider fast turn-around times and the use of PRI.

CPT Code Review

- Some codes are always or nearly always approved and have a very low denial rate.
- DVHA utilization reports should be reviewed regularly to determine if some codes can be removed from PA.
- Consider the “sentinel effect” of PAs

Discussion: “Gold Card”

- Before 2011, no prior authorization (PA) was required for advanced radiologic procedures
- Act 156 (2011) passed and can be accessed at :
<http://www.leg.state.vt.us/DOCS/2010/ACTS/ACT156.PDF>
- Madeline Mongan:
 - Quoted H.789 “(9) *The department or its vendor shall establish a process to exempt health care professionals from the prior authorization process when the health care professionals routinely order imaging consistent with the department’s evidence-based guidelines and whose prior authorization requests are routinely granted by the department. In*

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developing this exemption, the department shall review its data and meet with health care professionals and the Vermont medical society to discuss the appropriate process for this exemption.”

- This Bill also requires the creation of an advisory board, and CURB will provide this role.
- The cost savings data should be ready to share in the next few weeks. DVHA estimates savings are about where expected at this time.
- Dr. Burroughs-Biron: Besides cost savings, providers should also be considering the radiation exposure to their patients.
- Madeline Mongan: VMS had the opportunity to review the bids when originally submitted and they thought MedSolutions had the most transparent guidelines.
- Dr. Farber: MedSolutions also gave us the names of the other Medicaid states that used MedSolutions for us to call. The responses were positive. Madeline Mongan added that she believes Alabama is a state with the “Gold Card”.
- Madeline Mongan: At this time VMS has not received any provider complaints.
- Bill Clark: Comments on Gold Card
 - Prior authorization would still need to be submitted by “Gold Card” holders, but providers will only have to submit the beneficiary’s demographic information, no clinical information is submitted, and approval is automatic.
 - DVHA would lose the ability to monitor whether imaging requests were clinically appropriate for those excluded providers.
 - MedSolutions does not have a financial stake in “Gold Card” decision.
 - MedSolutions feels the turn around time is fastest when providers use the web based system.
 - They have algorithms for fast turn around times.
- DVHA needs criteria to establish a “Gold Card”
 - Handout: Requesting MD’s utilization data reviewed
 - Areas to consider: number of requests, denial/approval rates
- Dr. Penar: What is the burden on the providers?
 - It depends whether more information is requested from the provider.
 - What is the administrative cost to the provider practice?
- Madeline Mongan:
 - VMS is concerned about the administrative burden on practices. VMS worked with DVHA on this legislative bill.
 - Vermont providers have a lower imaging rate then the national average.
- What needs to occur before deciding to implement the “Gold Card”
 - Dr. Burroughs-Biron: DVHA should look at provider specific data. Is 6 months of data enough?
 - Bill Clark: MedSolutions started end of 2010, and DVHA has 1.5 years of data.
- Bill Clark: Clinical criteria is available on-line for providers.

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- Dr. Farber: When MedSolutions denies a PA, they state why, and when appropriate they will suggest a preferred test, giving providers education.
- Barbara Beaty: HP receives all the provider complaints and she has not received a complaint on this process or that it burdens providers. (Note: several of the CURB board members commented that providers won't complain when they feel it futile. Based on the type of complaints seen, Barbara feels providers call when concerns are present.)
- Dr. Penar: Since there is an education component; implementing the "Gold Card" would be a good for providers with low denial raters.
- Madeline Mongan: The timing of adding MedSolutions was at the same time as the Vermont Prescription Monitoring System (VPMS). Both can be perceived as time burdens to providers.
 - Dr. Farber: Prescriptions for drugs are written with greater frequency than requests for advanced imaging and can be a much greater burden..
- Dr. Burroughs-Biron: Does the data capture if the imaging was ordered by a resident or an intern? And have we tried to compare Vermont to other states with teaching facilities.
 - Bill Clark: Yes. The data can be looked at with that specificity. We can try to do that type of comparison
- Dr. Wasserman: Imaging is making money for the radiologists, not the PCPs.
- Dr. Butsch: What is the program cost?
 - Bill Clark and Daljit Clark: We don't have the exact figures tonight, but we will confirm.

All financial data will be ready to share in a few weeks.
- Dr. Penar: Suggestion for criteria: put the data (# of requests/denials) on a graph and see how the data falls and if there is an obvious place to draw a line.
 - Look at the procedure vs. type of provider (PCP vs. specialist) as well
- Dr. Minsinger: It is not the providers doing this work, it is the administrative staff
- Dr. Wasserman: Can the accuracy of the information being sent to MedSolutions be monitored (to make sure no one is "gaming" the system)?
 - Daljit Clark: Yes, MedSolutions has predictive intelligence built in the system that helps flag requests that appear changed (by providers).
- Dr. Farber: Main reason requests are denied is due to poor information by providers.
- Dr. Burroughs-Biron: Do the providers also include midlevels?
 - Bill Clark: Yes.
- Dr. Butsch: Quality controls create a better system than doing a review on all PAs – i.e. spot check.
 - Bill Clark: We want to avoid doing manual reviews, as it is very invasive to a practice.
- Patricia Berry: If a "Gold Card" is given – compare pre MedSolutions data to current data.

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- Bill Clark: That data is available, but does not demonstrate anything useful.
- Dr. Minsinger: Do we have the ability to see if another provider has ordered an imaging study on the same patient?
 - Bill Clark: Yes. Claims are attached to an individual, but it is not connected to MedSolutions, so they are not monitoring that. We will pull data to look at this.
- Dr. Wasserman: Look into educating those providers who are not doing well.
- Discussion:
 - More data is needed prior to making a decision on Gold Cards.
 - Review CPT codes, as some have a high denial rate – is it one group of providers or a variety.
 - Share data with the providers, and then providers will try to change their practice so they don't get denials.
 - Providers should be educated, as many are not aware of H.789 , specifically around the “Gold Card”.
 - Create systems to continue to track and monitor providers, and helps to agree to a “Gold Card”.
 - Time analysis of data, concerned with providers who started poorly and improved. Will they go back to their old ways if PAs removed?
 - Can there be different standards for different types of providers – specialists vs. generalists?
 - Madeline Mongan: There was no timeframe for the implementation of the “Gold Card”. and would like to place this information into the VMS newsletter.
- DVHA needs to bring data back to the CURB to help make a decision:
 - MedSolution Cost Savings Data
 - Graph of number of requests vs denials
 - Breakdown of specialists vs. generalists
 - Breakdown of resident vs. interns
 - Better understanding of the administrative time (Madeline Mongan check with VMS.)
 - ED Utilization rates for these tests requiring PA.

Discussion: CPT Code Review

- Should certain CPT codes be removed – those consistently approved?
 - Bill Clark: If we remove a code, we don't pay MedSolutions for the reviews.
 - Patricia Berry: If we remove a code, there is a burden on providers to remember what codes need PA.
 - Providers are used to this and lists can be made available.

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- Quality of Care: Ordering appropriate tests at the right time and what effects if this does not occur.
- Dr. Farber: Emergency Departments (ED) are exempt from the PA process for advanced imaging (because of timeliness concerns).
 - Look at ED utilization rates to see if there has been an increase if providers tell patients to go to the ED (to avoid PA)?
- Madeline Mongan: During the initial process before implementation, a code list was sent to providers for feedback. Some codes were removed.
- If we remove codes, utilization still needs monitoring.
- MedSolutions will give us their recommendations based on other states.
- Discussion:
 - Consider removing CPT codes that are at 100% approval.
 - Look at both number of requests and percentage of approvals.
 - From a cost perspective - Is there a report showing the recommended test with the denial?
 - Dr. Farber: We want the right test done despite the cost.
- Recommendation:
 - CURB voted and all agreed to the following:
 - Issue a Gold Card if 50 or more tests done by provider in one year and the denial rate is 2.5% or less.
 - Look at all the tests that fit into this area and then review the specific CPT codes.
 - Review list annually.
 - Remove procedure code 77011, as no one should need PA for this code.

The above recommendation will be brought to DVHA Commissioner for approval.

Decisions:

- Provider education (outliers).
- Educate providers regarding qualification for a “Gold Card”

5.0 Future Topics

- Radiology - Data

Adjournment – CURB meeting adjourned at 8:20 PM

Next Meeting

May 16, 2012

Time: 6:30 PM – 8:00 PM

Location: Department of Vermont Health Access, Williston, VT